

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 159
Registered No. 114

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Globe No. Pima County High St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Baby Mitchell (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth June 9 1930
Month Day Year

8. FATHER
Full name William Mitchell
9. Residence (Usual place of abode) Cutter, Ariz.
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Clifton
(State or country) Ariz.

13. Occupation
Nature of Industry Labourer

14. MOTHER
Full maiden name Mable Saunders
15. Residence (Usual place of abode) Cutter, Ariz.
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Roosevelt
(State or country) Ariz.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 1 (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 a.m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Dr. Gunter
(Physician or Midwife).

Given name added from a supplemental report _____ Address Globe

Month, day, year _____ Filed 7/9 1930 L. E. Wightman Registrar

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